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ABSTRACT

The primary objective of this study was to determine whether counseling of disadvantaged students during the course of the academic school year would produce an improvement in their emotional problems and lessen the probability of their becoming school dropouts. The 26 disadvantaged Caucasian subjects received extensive counseling therapy for a period of one semester. It was hypothesized that at the end of one semester there would be no significant change in the emotional problems and the probability of dropout. The overall results as measured by the Forty-eight Item Counseling Evaluation Test and the Demos D Scale at the end of the semester indicated the improvement in both areas to be significant at the .01 level of confidence. Furthermore, Chi-square analyses also revealed the significant categorical changes at .001 level. Evidently, the significant behavioral and scholastic improvement in the disadvantaged could be successfully accomplished within one single semester. (Author/BW)

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COUNSELING THE DISADVANTAGED CAUCASIAN:

A STATISTICALLY SIGNIFICANT IMPROVEMENT

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COUNSELING THE DISADVANTAGED CAUCASIAN: A STATISTICALLY SIGNIFICANT IMPROVEMENT[1]

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One of the most difficult problems confronting a member of the guidance and counseling profession is to provide statistical evidence demonstrating the effectiveness of their counseling program. To date there is little research concerning the effectiveness of a counseling program in the "deprived" population. A survey of the articles published in this area between 1959 and 1970 revealed only about twenty such studies (Cicirelli and Cicirelli, Hoffnung and Mills, Thompson and Poppen, 1970; Vontress, 1969; Grande, Irine, Leacock, 1968; Bancroft, Ducan and Gazda, Weissman, 1967; etc.). None of the articles discovered dealt with the culturally or educationally disadvantaged Caucasian in term of individual counseling.

The primary objective of the present study was to determine whether counseling of disadvantaged students during

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[1]The research was presented at the APGA National Convention, Atlantic City, New Jersey, April 1971, and was additional to 1968-69 Title I Evaluation Report submitted to Bureau of Research, Michigan Department of Education.

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the course of the academic school year would produce an improvement in their emotional problems and lessen the probability of their becoming school dropouts.

The "Intensive Counseling Program" (ICP)[1] for Title I disadvantaged students began in a rural community in Michigan in 1966. However, until 1969 the effectiveness of this program had not been objectively tested to determine whether there was a significant change in the behavior of the disadvantaged. Prior to 1969, when the following study was conducted, yearly evaluations consisted chiefly of questionnaire administered to teachers. The teachers presented their opinions as to whether or not the particular disadvantaged students they taught had made satisfactory progress that school year.

The present study attempted to determine more reliably the extent of improvement after only one semester of intensive counseling. It was hypothesized that there would be no significant change at the end of the school year in both the emotional problems and the dropout probability of the disadvantaged students receiving the intensive counseling therapy.

METHOD

Subjects

At the beginning of the 1968-69 school year the county

[1]The term ICP is used here to refer to the individual weekly counseling sessions based on the disadvantaged student's needs. Such counseling is conducted on a one to one basis for the period of one academic year.

nurse, social workers, and classroom teachers, who had worked with the disadvantaged and their families the previous year, were requested to refer to the ICP counselor students whom they judged to be disadvantaged. Of the students initially referred for the ICP, some were disqualified, upon further investigation, because their families were above the poverty guidelines set by the government. This resulted in a final sample of 29 junior and senior high school students. Of the 29 Ss, 19 were male and 10 were female. Three male Ss terminated treatment before the end of the ICP because they transferred to other school districts. The remaining Ss are presented in Table 1 by sex and grade level.

Insert Table 1 about here

Instruments

The Forty-eight Item Counseling Evaluation Test (McMahon, 1965) was selected to measure emotional problems because of its brevity and ease in completion. In this test there are 48 short items, each of which consists of two parts; the first part serving as an introductory question probing a specific aspect of behavior and the second part serving to qualify and amplify the S's response to the first.

The 48ICET covers six broad ranges of personal and emotional problems; (a) anxiety-tension-stress, (b) compulsive-obsessive-

rigid behavior, (c) depressive-defeatist thought and feelings, (d) friendship-socialization, (e) goals: religious-philosophical, (f) inadequacy: feelings and behavior. On the basis of an individual's total score he is assigned to one of the four categories. Persons scoring 1-4 points are considered as having no maladjustment, 5-8 points some maladjustment, 9-19 points severe maladjustment, and 20-47 points immediate clinical attention is needed.

The Demos D Scale (Demos, 1965) is a brief objective attitudinal scale used to identify potential dropouts. It consists of 29 items measuring attitudes toward teachers and education, influences by peers or parents, and school behavior. Total scores on the DDS of 0-29 indicates little probability of dropout, 30-49 some, 50-69 even, 70-89 strong, and 90-145 very strong probability of dropout.

Procedure

In the first two months of the school year, the ICP counselor conducted the initial screening and interviewing process and selected the disadvantaged Ss. The counselor then held individual counseling sessions with each S and informed the S of the following objectives, conditions and assumptions concerning his role toward the student: (a) the ICP counselor was paid by governmental appropriations to assist students in need toward a happier life in school and society; (b) the ICP

counselor was not a teacher, administrator or principal. He was not to teach nor punish students. His main duty was to help students to be more adequate and proficient in their daily living and school work; (c) the ICP counselor would respect and regard each counselee as an individual who was capable of making decisions independently; (d) communication would be privileged and guaranteed at all times, even from the school's personnel and especially the top administrators; (e) the counselee had the privilege of coming to the counseling office any time. The classroom teachers were to be made aware of this privilege; (f) in the counseling session, the counselee could shout, scream, cry, yell, curse or exhibit any other forms of aggression if he so desired. The counselee would not be required to explain the reason for his acting out, unless he so desired; (g) the ICP counselor would make several home visitations during the course of the school year for which there should be no cause for alarm. Parental involvement would be emphasized and encouraged.

This process was completed shortly before the end of the first academic semester. Each S had seen the counselor for the initial interview, but had not begun in the ICP.

At this point the 48ICET and DDS were administered for the first time. The same tests were readministered in May, shortly before the end of the school year. Thus each S had

both a pretest and posttest score on both instruments with one semester of ICP intervening.

The pretest and the posttest were administered to Ss in the morning. All tests were administered in the same room and the testing condition during both sessions were similar.

Treatment

Each S met with the ICP counselor about one-half hour per week. During each individual counseling sessions, several concrete everyday problems dealing with social, emotional, personal, academic and family issues were presented to S. Every S was strongly encouraged to assume any authoritative position in his attempt to provide solutions or alternatives. Every S was taught how to resolve problems relating to his areas of difficulty. Several possible alternatives and consequences were explored with S.

Initially, Rogerian's non-directive method was used. However, Williamson's clinical and other more structured methods appeared to be working better with this type of Ss.

On several occasions group counseling was employed for discussion of such topics as narcotics, smoking, drinking, study habits, mental and physical hygiene, racial differences, human relations and general family problems. Appropriate films and filmstrips were used when they would facilitate the discussions in both group and individual counseling sessions.

The school nurse was a very valuable aide in the areas dealing with narcotics and personal hygiene for female Ss.

RESULTS

The total scores obtained by individual Ss at both test sessions are presented in Table 2. The posttest scores were substantially lower than the pretest scores for both tests indicating there was some improvement in the emotional problems and the probability of dropout of the disadvantaged.

Insert Table 2 about here

The t test (Garrett and Woodworth, 1966) for correlated observations where number of subjects are no more than 30 was performed upon the 48ICET datum. The test yielded a t=3.25 (df=25) which reached statistical significance at the .01 level. This result reflected the fact that the posttest scores indicated a significantly lower level of emotional maladjustment than the pretest scores.

The 48ICET provides four classification levels. These levels and the number of Ss scoring at each level on both the pretest and the posttest are presented in Table 3.

Insert Table 3 about here

The chi square test was applied to the 48ICET categorical datum in Table 3. The result yielded a X^2=20.28 (df=3) which was significant at .001 level.

The t test for correlated populations was also applied to the DDS scores. The result yielded a t=3.55 (df=25) which reached a statistical significance at the .01 level.

These analyses rejected the hypothesis that there would be no significant change at the end of the school year in both the emotional problems and the dropout probability of the disadvantaged students receiving the intensiwe counseling therapy.

The DDS provides five classification levels of dropout probability. An analysis of the behavioral changes represented in Table 4 revealed where the pretest scores indicated four Ss classified as having a very strong probability of dropout, the posttest result revealed that none of these Ss remained in the same calssification level. These four Ss were J, R, X, and Y in Table 2. Overall improvement was apparent in all levels.

Insert Table 4 about here

The chi square test was applied to the DDS categorical datum in Table 4. The result yielded a $X^2=29.74$ (df=4) which was also significant at.001 level.

An additional datum, Table 5, compares the first and second grade point averages. The result of the t test indicated the improvement in the academic performance of the disadvantaged to be significant at the .01 level.

Insert Table 5 about here

DISCUSSION

The aforementioned analyses demonstrated that significant improvement in the personal and emotional problems and the probability of school dropout of the disadvantaged receiving the ICP therapy could be accomplished within one single semester. Further analyses also revealed improvement in all three areas that reached the .01 level of confidence.

It should be mentioned that the original Title I proposal for funding prior to the arrival of the author did not include statistical analysis or larger sample for a controlled group study. The alteration of the already approved design would deter the project. It was therefore imperative to implement the project as it was. This study was therefore hampered by the absence of a control group. It is not altogether impossible that the decrease in behavioral problems might be due merely to the passage of time. However, the changes that occurred as demonstrated were consistent over Ss and reached high level of significance. Furthermore, the chi square analyses also revealed the categorical changes to be significant at .001 level. In view of these analyses, and in the absence of other known variables that might have influenced the behavioral changes, it appears that the ICP therapy per se was the significant factor.

The single most important contributory factor in the success of the ICP seems to be, the ICP counselor assumed no other responsibility or assignment except counseling the disadvantaged. There, was the most distinct advantage in the ICP over the ordinary school counseling program.

In view of these results, it can be concluded that significant improvement in the emotional problems and the probability of dropout of the disadvantaged students receiving the intensive counseling therapy could be achieved within one single semester. Furthermore, the disadvantaged could also be stimulated to be more interested and thus performed better in school and learning activities.

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TABLE I

Distribution of Subjects
According to Sex and Grade Levels

Grade Level	No. of Male	No. of Female	Total
7	1	3	4
8	9	5	14
9	1	1	2
10	5	1	6
Total	16	10	26

TABLE 2

The Results of 48ICET and DDS

Subjects	The 48ICET Results Raw Scores			The DDS Results Raw Scores		
	Pretest	Posttest	Change	Pretest	Posttest	Change
A	1	1	0	64	52	12
B	2	1	1	51	40	11
C	5	1	4	58	56	2
D	1	0	1	60	53	7
E	12	8	4	65	59	6
F	5	5	0	62	48	14
G	8	7	1	50	48	2
H	19	10	9	72	65	7
I	6	0	6	47	51	-4
J	3	0	3	91	42	49
K	16	1	15	72	66	6
L	12	1	11	64	46	18
M	33	13	20	83	72	11
N	5	10	-5	70	58	12
O	7	7	0	65	52	13
P	5	14	-9	68	81	-13
Q	11	8	3	69	73	-4
R	18	11	7	98	68	30
S	6	3	3	58	75	-17
T	5	3	2	58	47	11
U	4	1	3	62	68	-6
V	5	1	4	66	62	4
W	12	15	-3	79	66	13
X	10	4	6	94	65	29
Y	12	7	5	91	56	35
Z	5	1	4	79	65	14
26	228	133	95	1796	1534	262

TABLE 3

The 48ICET Classifications of Subjects

Classification	Score Range	Number of Subjects Pretest	Posttest
No Maladjustment	1-4	5	14
Mild Maladjustment	5-8	11	6
Severe Maladjustment	9-19	9	6
Need Clinical Attention	20-47	1	0
Total		26	26

TABLE 4

The DDS Classifications of Dropout Probability

Probability of Dropout	Score Range	Number of Students Pretest	Posttest
Little (5%)	0-29	0	0
Some (25%)	30-49	1	6
Even (50%)	50-69	15	16
Strong (70%)	70-89	6	4
Very Strong (90%)	90-145	4	0
Total		26	26

TABLE 5

Grade Point Averages Comparison

Subject	1st Semester GPA	2nd Semester GPA	GPA Change
A	1.83	2.17	0.34
B	1.83	2.50	0.67
C	1.60	1.60	0.00
D	2.66	2.50	(-0.16)
E	2.00	2.00	0.00
F	2.33	2.83	0.50
G	1.50	1.50	0.00
H	1.00	0.83	(-0.17)
I	2.50	3.33	0.83
J	1.16	1.80	0.64
K	1.60	1.80	0.20
L	1.16	1.40	0.24
M	1.00	1.00	0.00
N	1.33	1.17	(-0.16)
O	1.00	1.80	0.80
P	0.80	1.60	0.80
Q	1.25	1.40	0.15
R	0.83	1.33	0.50
S	1.00	1.17	0.17
T	0.67	1.00	0.33
U	1.60	1.80	0.20
V	1.40	1.80	0.40
W	1.20	1.00	(-0.20)
X	0.60	1.00	0.40
Y	0.60	0.60	0.00
Z	0.80	0.60	(-0.20)
26	35.25	41.53	6.28

(Grading Scales; A = 4, B = 3, C = 2, D = 1., & E = 0)